

OFFICE OF THE CHIEF OF POLICE

SPECIAL ORDER NO. 29

October 13, 2010

SUBJECT: PRE-BOOKING MEDICAL SCREENING OF ARRESTEES - REVISED

EFFECTIVE: IMMEDIATELY

PURPOSE: The purpose of this Order is to revise Department Manual Section 4/648.03, *Pre-Booking Medical Screening of Arrestees*. Due to litigation, the Los Angeles County Sheriff's Department has removed the arrestee signature line from the Los Angeles County Unified Arrestee Medical Screening Form, Form SH-R-422 (REV. 04-15-08). As a result, the requirement to have the arrestee acknowledge and sign the form has been removed.

PROCEDURE: Department Manual Section 4/648.03, *Pre-Booking Medical Screening of Arrestees*, shall be revised as follows:

Arresting Officer's Responsibility. Arresting officers shall complete a Los Angeles County Unified Arrestee Medical Screening Form, Form SH-R-422, for each arrestee who is **booked and detained** in a Department jail facility or a County jail facility.

Detention Officer's Responsibility. Detention officers shall complete the Jailer's Assessment on each Los Angeles County Unified Arrestee Medical Screening Form, as well as review the section completed by the arresting officer and the Inmate Classification Questionnaire and Record of Medical Screening, Form 05.36.00. If the answer to any questions on the form is "yes," detention officers shall determine if the arrestee can be properly detained in the booking facility.

The remainder of this section remains unchanged.

FORM AVAILABILITY: The Los Angeles County Unified Arrestee Medical Screening Form is available on LAPD E-Forms on the Department's Local Area Network. All other versions of the form shall be marked "obsolete" and placed in the divisional recycling bin. A copy of the form is attached for immediate use and duplication.

AMENDMENT: This Order amends Section 4/648.03 of the Department Manual.

MONITORING RESPONSIBILITY: The Commanding Officer, Jail Division, shall have monitoring responsibility for this directive.

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AUDIT RESPONSIBILITY: The Commanding Officer, Internal Audits and Inspections Division, shall review this directive and determine whether an audit or inspection shall be conducted in accordance with Department Manual Section 0/080.30.

A handwritten signature in black ink, appearing to be 'C. Beck', with a large loop at the start and a trailing flourish.

CHARLIE BECK
Chief of Police

Attachment

DISTRIBUTION "D"

**LOS ANGELES COUNTY UNIFIED
ARRESTEE MEDICAL SCREENING FORM**

ARRESTEE'S NAME: _____ BOOKING # _____ DATE: _____

OUTSIDE AGENCY MEDICAL DECLARATION

This box to be completed by personnel from an outside agency transferring custody of an arrestee to the LASD under circumstances other than booking at IRC or a Sheriff's sub-station. Completion of this box is not necessary if this form is the standard medical screening form of your agency.

Is any person in your agency aware of any medical or mental condition, prescribed medication taken by or in possession of this arrestee, or any medical problem or injury regarding this arrestee? YES NO
[] []

If yes, describe the condition and attach a copy of your agency's medical screening to this form.

Name, ID#, and agency of employee providing information: _____

ARRESTING DEPUTY'S/OFFICER'S OBSERVATIONS

(REQUIRED FOR ALL L.A.S.D and OUTSIDE AGENCY BOOKINGS AT IRC OR SHERIFF'S STATION JAILS)

1. Does the arrestee have any injuries or medical problems? YES NO
[] []
- if yes, describe _____
- if yes, was inmate medically treated?Y N (Attach M.T. form. If none, explain under "notes" on back)
2. Does the arrestee possess prescribed medications? [] []
-if yes, describe medication and reason if known _____
3. Does the arrestee appear to be under the influence of alcohol and / or drugs? [] []
-L.A.S.D. : If yes, complete "Arresting Deputy's Assessment" portion of Intoxication Assessment Sheet.
4. Are you aware if the arrestee is currently a mental patient or under the care of a mental health professional, i.e. psychologist, psychiatrist, etc. or does the arrestee's current behavior suggest a mental disorder? [] []
if yes, explain _____
5. Are you aware if the arrestee is currently suicidal or at risk for suicide? [] []

DEPUTY/OFFICER _____ EMPLOYEE # _____ AGENCY/STATION _____ TIME _____

JAILER'S ASSESSMENT
(REQUIRED FOR ALL BOOKINGS)

6. Does the arrestee currently have : YES NO
- | | | |
|--------------------------------|-----|-----|
| - HIV/AIDS | [] | [] |
| - Hepatitis | [] | [] |
| - Tuberculosis | [] | [] |
| - Sexually Transmitted Disease | [] | [] |
- Arrestees who have, or are suspected to have, an active communicable disease, including but not limited to the above, are to be segregated and transferred to an appropriate medical facility as soon as possible. (C.C.R. ART 6 SECT 1051)*
7. Does the arrestee currently have :
- | | | |
|-----------------------|-----|-----|
| - Asthma | [] | [] |
| - Diabetes | [] | [] |
| - Epilepsy | [] | [] |
| - Heart Trouble | [] | [] |
| - High Blood Pressure | [] | [] |
| - Open Wound | [] | [] |

JAILER'S ASSESSMENT (Continued)

8. Females only:
- Currently taking birth control medication? [YES] [NO]
 - Pregnant? [] []
 - Had a baby in the last 12 months? [] []
 - Breast feeding? [] []
9. Does the arrestee require more than minimal assistance walking? [] []
- If yes, obtain medical evaluation.
10. Is the arrestee's consciousness level impaired? [] []
- (Difficult to arouse, difficulty breathing, increased lethargy, unaware of location, name, and date)
- *** SUMMON PARAMEDICS IMMEDIATELY***
11. Does the arrestee have obvious symptoms suggesting the need for emergency care? [] []
- (Bleeding, difficulty breathing, cold clammy perspiration, violent shaking, convulsions)
- *** SUMMON PARAMEDICS IMMEDIATELY***
12. Does the arrestee appear to be under the influence of alcohol and/or drugs? [] []
- * CIRCLE ALL THAT APPLY*
- (Bloodshot, watery eyes, slurred speech, incoordination, unsteadiness, anxiety, sleepy)
- If yes, complete side A of Intoxication Assessment Sheet and side B if necessary
13. Are there visible signs of alcohol/drug withdrawal? [] []
- (Profuse sweating, profuse vomiting, anxiety, visual hallucinations)
- ***SUMMON PARAMEDICS IMMEDIATELY***
14. Is the arrestee suicidal or does his/her behavior suggest a risk of suicide? [] []
- *** ASK INMATE SPECIFICALLY***
- (Severe depression, crying, withdrawal, silence, history of previous suicide attempt)
- ***CLOSE SUPERVISION, SUICIDE WATCH, AND/OR TRANSPORT TO IRC ASAP***
15. Is the arrestee receiving ongoing medical treatment from any other medical facilities and/or assisted living, board and care, rehabilitation center? [] []
- If yes, name of facility/provider _____
16. Does the arrestee's behavior suggest a mental disorder? [] []
- (Responding to something that is not there, withdrawn, bizarre beliefs, rambling nonsensically, overly suspicious, combative without apparent provocation)
- SEGREGATE AND/OR TRANSPORT TO IRC AS INDICATED
17. Does the arrestee appear to be developmentally disabled? [] []
- Refer to the "Quick Reference Guide for Developmentally Disabled", provided in Station Jail Manual
- ***NOTIFY THE REGIONAL CENTER FOR THE DEVELOPMENTALLY DISABLED IF INMATE IS TO BE HELD MORE THAN 24 HOURS*** (C.C.R. ART 5, SECT 1057)

Notes: _____

ANY AFFIRMATIVE ANSWER TO THIS QUESTIONNAIRE SHALL BE BROUGHT TO THE ATTENTION OF THE WATCH SERGEANT.

WATCH SERGEANT NOTIFICATION _____ EMPLOYEE # _____ DATE/TIME _____

Watch Sergeant Signature _____

JAILER _____ EMPLOYEE # _____ STATION _____ TIME _____

This form has been reviewed and is approved annually by the Chief Physician of Medical Services Bureau and the Director of Jail Mental Health Services for the Los Angeles County Sheriff's Department. Original signatures are on file with the Medical Services Administration.